

Staple Issue Slip Here

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POSITION	ID NO.	DATE
CLASSIFIER	6	1-25-97
EXAMINER	ER	21 May 97
TYPIST		
VERIFIER		
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

INDEX OF CLAIMS

Claim	Date
1	✓ 1-24-97
2	✓ 1-24-97
3	✓ 1-24-97
4	✓ 1-24-97
5	✓ 1-24-97
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Claim	Date
1	✓ 1-24-97
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96	✓ 1-24-97
97	✓ 1-24-97
98	✓ 1-24-97
99	✓ 1-24-97
100	✓ 1-24-97

SYMBOLS
 ✓ Rejected
 = Allowed
 - (Through numeral) Canceled
 N Restricted
 I Non-elected
 A Interference
 O Appeal
 O Objected

Staple Issue Slip Here

POSITION	ID NO.	DATE
CLASSIFIER	6	1-25-97
EXAMINER	8R	2/1/Nov/97
TYPIST		
VERIFIER		
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM FTO-475)						SERIAL NO. 08-765244		FILING DATE 10-30-97	
CLAIMS									
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT					
IND.	DEF.	IND.	DEF.	IND.	DEF.	IND.	DEF.	IND.	DEF.
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TOTAL IND.									
TOTAL DEF.									
TOTAL CLAIMS									

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